

PTO/SB/21 (09-04)

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/603,126
Filing Date	June 23, 2003
First Named Inventor	Seamans, Scott
Art Unit	3728
Examiner Name	Jila M. Mohandesi
Attorney Docket Number	040130-050100US

ENCLOSURES (Check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Fee Transmittal Form | <input checked="" type="checkbox"/> Drawings -
Annotated: Fig. 1, Fig. 3, Fig. 5
Replacement: Fig. 1, Fig. 3, Fig. 5 | <input type="checkbox"/> After Allowance Communication to TC |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board
of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a
Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation
Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify
below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | Return Postcard |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> Certified Copy of Priority
Document(s) | Remarks The Commissioner is authorized to charge any additional fees to Deposit
Account 20-1430. | |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete
Application | | |
| <input type="checkbox"/> Reply to Missing Parts
under 37 CFR 1.52 or 1.53 | | |

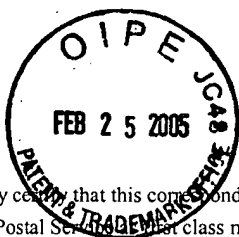
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Darin J. Gibby		
Date	February 22, 2005	Reg. No.	38,464

CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name	Connie Larson	Date	February 22, 2005



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On Feb 22, 2005

TOWNSEND and TOWNSEND and CREW LLP

By: Connie Luman

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Scott Seamans

Application No.: 10/603,126

Filed: June 23, 2003

For: BREATHABLE WORKSHOES
AND METHODS FOR
MANUFACTURING SUCH

Customer No.: 20350

Confirmation No. 9833

Examiner: Jila M. Mohandesi

Technology Center/Art Unit: 3728

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed December 17, 2004, please enter the following amendments and remarks:

Amendments to the Specification begin on page 2 of this paper

Amendments to the Claims are reflected in the listing of claims which begins on page 4 of this paper.

Amendments to the Drawings are included in the replacement sheets attached following page 8 of this paper.

Remarks begin on page 9 of this paper.